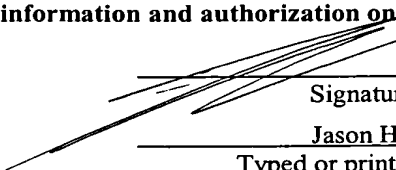




PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) T2146-906833										
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____. Signature: _____ Name: _____	In re Application of Michel HAZARD											
	Application Number 09/763,868	Filed February 28, 2001										
	For METHOD FOR MAKING SECURE A SENSITIVE INFORMATION PROCESSING IN A MONOLITHIC SECURITY MODULE, AND ASSOCIATED SECURITY MODULE											
	Group Art Unit 2134	Examiner T. Tran										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td><td>\$ <u>120.00</u></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$215/\$430)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$490/\$980)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$765/\$1530)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1040/\$2080)</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input checked="" type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-1165</u>.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>December 15, 2004</u> Date</p> <p> Signature Jason H. Vick Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ <u>120.00</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$215/\$430)	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$490/\$980)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$765/\$1530)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1040/\$2080)	\$ _____
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ <u>120.00</u>											
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$215/\$430)	\$ _____											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$490/\$980)	\$ _____											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$765/\$1530)	\$ _____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1040/\$2080)	\$ _____											

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